
CARDHOLDER'S WORKSHEET

Date _____ Cardholder _____ PR No. _____

PART 1. Mandatory Sources of Supply

The mandatory sources of supply were reviewed by the cardholder for availability of item(s).
The following information documents the results of the review:

Line item(s) _____ is/(are) not available from:

_____ Excess

_____ NRL Supply Store

Checked LABMIS date _____ or
Spoke with _____ date _____ and item is:
Not in Stock _____ or Not Carried _____

_____ JWOD (NIB/NISH) _____ UNICOR (FPI) or Item available from JWOD/UNICOR but,

_____ Item requires delivery in < 10 days.

_____ Urgent Requirement; Required Delivery date _____
Estimated Delivery date _____

_____ Item does not meet the following specification:

_____ GSA Federal Supply Schedule or item is available from GSA FSS but,

_____ Urgent Requirement; Required Delivery date _____
Estimated Delivery date _____

Spoke with _____ date _____ company _____

_____ This request does not meet the minimum order limitations of the contract.

_____ Can be purchased at a lower price from source _____
for \$ _____

_____ Item does not meet the following specification:

PART 2. Required Special Approvals (signatures prior to purchase)

Communications Equipment. Code 3530/NRL-SSC 7030.3/7030.1 _____

Compact Disc Players. Code 1223.2/NRL-SSC 7030.1 _____

Equipment/Controlled Property. ECC Review _____

Forms. Code 5261.2/NRL-SSC 7030.3 _____

Hazardous Materials/Chemicals/Ergonomic Items/Safety Equip. Code 1240/NRL-SSC 7030.5 _____

Heaters (Portable Space). Code 3530/NRL-SSC 7030.3 _____

Radio Frequency and Global Positioning Equipment. Code 1221.4/NRL-SSC 7030 _____

Safes, Locks, Security Files. Code 1222/NRL-SSC 7030.1 _____

Other _____

PART 3. Fair and Reasonable Price Determination. The price on this action has been determined to be fair and reasonable by the following method(s):

____ Commercial/Published Price List. Copy attached or Page _____ Date of list _____.

____ I certify that if I were paying with my own money, I would purchase this product.

____ Completed. (See Telephone Quotation Record, attached.)

PART 4. Signature:

Cardholder Signature

Date